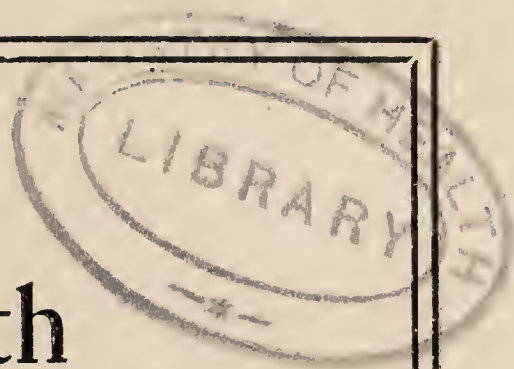


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# Wirksworth Urban District Council.

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## REPORT OF THE MEDICAL OFFICER OF HEALTH *For 1925.*


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*F. E. Brooker*

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*A. Barker & Son, Printers, Wirksworth.*

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# Wirksworth Urban District Council.

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## *Report of the Medical Officer of Health for 1925.*

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Mr. Chairman and Gentlemen,

I have the honour to present my Report for the year 1925, which, in accordance with the requirements of the Ministry of Health, will be in the nature of a Survey Report.

### **NATURAL AND SOCIAL CONDITIONS OF THE AREA.**

**Area** (in Acres)—3,027.

**Population** (Census 1921)—3,610; and estimated (1925)—3,841.

**Physical Features and Character of the Area**—Situated at the Southern end of the Peak District, Wirksworth lies at the end of a cul-de-sac or long valley having its outlet to the South-West at Duffield eight miles distant. It stands some 500 feet above sea level. Wirksworth itself and the West and North thereof are situated on the limestone—limestone quarries forming one of the principal industries of the place.

**Number of Inhabited Houses**—980 (1921); 996 (1925).

**Number of Families or Separate Occupiers**—980 (1921); 996 (1925).

**Rateable Value**—£16,025/0/6.

**Sum represented by a Penny Rate**—£50.

**Social Conditions, etc.**—Apart from the usual professional inhabitants and tradespeople, a large section of the population is employed either in the numerous stone quarries or in the tape factories in the district. Wirksworth is also to some extent a residential area for those whose business is in the county town 14 miles distant. Wirksworth, moreover, is a country market town and the centre of an agricultural area.



## EXTRACT FROM VITAL STATISTICS.

Births—Total 92.

	Total.	Males.	Females.
Legitimate ... ..	88	47	41
Illegitimate ... ..	4	1	3

Birth Rate—23.95.

Deaths—Total 65. Death Rate—16.92.

Number of Women dying in, or in consequence of child-birth—

From Sepsis ... .. Nil.

From other causes ... .. One.

Deaths of Infants under 1 year of age—Total 5 (all legitimate).

Death from Measles (all ages)—Two.

Death from Whooping Cough (under two years)—Nil.

Death from Diarrhœa (under two years)—Nil.

There has been no unusual or excessive mortality calling for comment.

**Amount of Poor Law Relief—£730.**

**Hospital and other forms of Gratuitous Relief.**

A number of patients are treated annually at the Wirksworth Cottage Hospital, the Royal Infirmary, Derby, and other institutions. These gain admission on the recommendation of the doctor, and in the case of the Infirmary by, in addition, "Recommends" which are distributed to those who contribute to the Institution.

**Causes of Sickness and Invalidity.**

There was a wholesale epidemic of measles amongst children in the first half of the year, the number of cases being over 300. Chickenpox has also been prevalent, though in a comparatively slight degree.

**Nursing Arrangements, Hospitals and other Institutions available for the District.**

1. PROFESSIONAL NURSING IN THE HOME.

(a) General ... .. None.

(b) Infectious Diseases ... .. None.

2. MIDWIFE. One. Supported partly by charity and partly by charges for attendance made by the Local Branch of the Derbyshire Nursing Association.

The Public Health Authority does not employ or subsidize a Midwife in the District.

### 3. CLINICS AND TREATMENT CENTRES.

- (a) Maternity and Child Welfare Centre at Wirksworth provided by and under the control of the Derbyshire County Council.
- (b) Day Nurseries—None.
- (c) School Clinics at the Elementary Schools in Wirksworth provided by the Derbyshire County Council.
- (d) Tuberculosis at the Tuberculosis Department, New County Offices, Derby, and also at the Tuberculosis Clinic, Matlock, provided by the Derbyshire County Council.
- (e) Venereal Disease at the Royal Infirmary, Derby, provided by the Derbyshire County Council.

### 4. HOSPITALS PROVIDED OR SUBSIDIZED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.

- (a) Tuberculosis.—Derbyshire Sanatorium, outside the District, provided by the County Council.
- (b) Maternity.—None.
- (c) Children.—None.
- (d) Fever.—Heage Isolation, outside the District, to which Local Authority contributes its share.
- (e) Smallpox.—Heage Isolation, outside the District.
- (f) General.—(a) A Cottage Hospital in the town, holding 4 male and 3 female beds. Unsubsidized or supported by Public Authority; (b) The Royal Infirmary, Derby.

### 5. INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE CHILDREN AND HOMELESS CHILDREN.

None.

## 6. AMBULANCE FACILITIES.

- (a) For infectious cases provided by the Heage Isolation Hospital, free of cost.
- (b) For non-infectious and accident cases, the Red Cross Motor Ambulance, stationed at Bakewell. Charge, 1/6 per mile.

### Laboratory Work.

Pathological and Bacteriological Examinations are made by the County Council Bacteriological Department.

Number of specimens sent to the County Laboratory by private practitioners during 1925—

	Positive.	Negative.	Total.
Diphtheria ... ..	Nil. ...	9 ...	9
Enteric Fever ... ..	Nil. ...	3 ...	3
Phthisis ... ..	1 ...	10 ...	11
Miscellaneous ... ..	4 ...	4 ...	8
Total ... ..	5	26	31

The Local Authority provides Diphtheria Antitoxin and Tetanus Antitoxin, free of cost. A supply is kept by the Medical Officer of Health who renders an account of its use to the Local Authority.

The following quantities were issued during 1925—

Diphtheria Antitoxin ... ..	Nil.
Tetanus Antitoxin ... ..	Nil.

### List of Adoptive Acts, Byelaws, and Local Regulations relating to the Public Health in the District.

	Date of Adoption.
Infectious Diseases (Prevention) Act, 1890 ... ..	6th December, 1893. 20th December, 1902.
Public Health (Amendment) Act, 1890, Part III. (subject to certain conditions as to Sects. 35 & 38 Order L.G.B. No. 59992, of 22nd January, 1913) ...	5th March, 1913.
Public Health (Amendment) Act, 1907 (subject to certain conditions as to Sects. 25, 27 & 30 Order L.G.B. No. 63662, 29th May, 1915) ... ..	12th July, 1915.



Bye-laws—	Date of Adoption.
New Streets and Buildings Common Lodging-houses } 1879	
Nuisances ... .. 1879	
Cleaning Footways, Removal of House Refuse, and Cleans- ing Closets, Privies, Ashpits and Cesspools ... .. 1879	
Regulations with respect to the Dairies, Cowsheds and Milk- shops Order of 1885, and the Contagious Diseases (Animals) Acts, 1886 ... .. 26th August, 1899.	
Offensive Trades Order of L.G.B., No. 63721, of 18th June, 1915, confirming Council's Order of 26th April, 1915, containing list of offensive trades ... .. 26th April, 1915.	
Chicken Pox Compulsory Notifica- tion Order renewed for com- pulsory Notification on March 17th for twelve months ...	

The Council have adopted a scheme for conversion of privies to Water carriage system under Public Health Amendment Act, 1907, whereby the Council provide 50 per cent. of the cost and the owner 50 per cent.

## SANITARY CIRCUMSTANCES OF THE AREA.

### WATER.

The question of the adequacy of the Town's water supply has, from records in my possession, been before the Council for 40 years, and probably for much longer. From reports of experts and statistics supplied from time to time, the contention that the supply is inadequate in anything like a dry season admits but little argument to the contrary.

The water is supplied from natural springs in the Millstone grit situated at Breamfield, about 270 feet above the Market Place, 790 feet above Ordnance datum. The springs are situated in 12.629 acres of land. The springs in the District, besides those now in use, have been examined by experts and found wanting in quantity and not worth the expenses of working. Water of inferior quality to the present supply could be obtained by pumping, but at a great expense. To impound the surplus winter water

seems to be the recognised remedy for the present shortage. As regards quality, the water is pure, clear, cool and sparkling, and is good for drinking, cooking and washing.

The following is an analysis of the water:—

	Grains in one gallon.
Sulphate of Lime ... ..	0.6500
Bicarbonate of Lime ... ..	2.4480
Bicarbonate of Magnesia ... ..	0.1370
Bicarbonate of Iron ... ..	0.0090
Carbonate of Soda ... ..	traces
Chloride of Sodium ... ..	0.0258
Silicia ... ..	0.0080
Carbonate of Potash ... ..	traces
Organic Matter ... ..	1.1210
Free Carbonic Acid ... ..	7.2160

Its specific gravity is 1.00014.

**Hardness.** Permanent hardness, 4.5 degrees; hardness removed by boiling, 0.0 degrees; total hardness, 4.5 degrees.

The Analyst adds:—"It is beautifully clear and sparkling, very soft, and available for every household purpose. It contains a large amount of carbonic acid, to which the briskness of this water is owing. It is just such a water as one would expect from the Millstone grit, and I have no hesitation in saying that no town in England is supplied with one of better quality."

The supply is constant and is direct to the houses. The main reservoir supplies Wirksworth, and a smaller reservoir at a somewhat higher level supplies Bole Hill. There is also a separate small reservoir for Longwaybank and another for Homesford.

**Contamination.** Contamination is nil so far as the town supply is concerned. Conditions are hardly similar in the case of the supplies to Longwaybank and Homesford. The Longwaybank reservoir is so situated that I feel it is likely that surface water can drain into it, and contamination thus takes place. The supply of water, moreover, from this spring, is not very plentiful.

A far better supply is that to Homesford, the reservoir for which is situated a short distance below the Longwaybank reservoir; yet here again contamination is more than possible as the supply to the reservoir comes through an open hole in the wall, and that on the road side. Moreover,



it is possible, by removing a handful of clay, to entirely divert the stream and let it run to waste down the ditch. Situated as it is at the side of a very public road and in close proximity also to a gipsy encampment, I think that the supply should be piped through the wall. The door which covers the reservoir requires a lock.

Returning to the general water supply, **plumbo solvency** is nil.

**Leakages**, such as have been found by the detector, which is constantly used, have been repaired.

About 100 houses in all are not supplied direct with water. These are outside the town at Godfrey Hole, Longwaybank and outlying districts. Supplies in these cases are either by stand-pipes or wells, about 50 per cent. of each.

**Rivers and Streams.** The question of the pollution of the Hannage Brook receives attention under the heading of Scavenging.

## SEWERAGE.

A modern system of main sewers and outfall works was undertaken in 1913.

The outfall site is situated about a mile South of the town. The scheme includes the whole of the district except the outlying hamlets of Godfrey Hole, Rise End, The Moor, Breamfield, and Longway Bank. The method of disposal is by settling tanks, percolating filters, and humus tanks, with additional rough filters for dealing with storm water. The system is satisfactory, though many of the houses in the district, estimated at 264, are still unconnected and unconverted to the water carriage system; this, of course, excluding the hamlets above mentioned.

I must again call urgent and particular attention to the state of a number of street gullies in the town which are untrapped and form ventilating shafts for the old sewer ways; that is the mine shafts, etc., in use before the construction of the present system. This condition of affairs is most undesirable and should be remedied without delay.

## SCAVENGING.

Public scavenging was undertaken in December, 1923. A site was chosen for a new tip and here night soil, in addition to other refuse, is tipped and buried with nine inches of soil.

The outfall is into the aforementioned Hannage Brook, which runs at the bottom of the field. Under the provisions of the scheme, a culvert was to be built at the bottom of the field draining the tip. This has not been done. The refuse has now been tipped down almost to the bank of the stream, making the building of such a culvert an increasingly difficult matter.

The tip is not fenced off in any way, and domestic animals, in addition to fowls, etc., scratch about in it.

A cow barn has stood on the tip, but this, at the time of writing, has now been shut down. The regulations with regard to the burying of night soil appear to be satisfactorily carried out.

I cannot too strongly emphasise the fact that unless every possible precaution is taken, such a tip is a perpetual and constant menace to the public health.

The wire netting fence, previously recommended, and the culvert should be put in hand forthwith.

The Hannage Brook is further polluted by drainage from houses not yet connected to the main sewers.

In this connection, also; it should be mentioned that there are several houses at the bottom of Wash Green where the closets discharge direct into a watercourse at the rear of these houses; this watercourse runs into the Hannage Brook. The drainage from many of the houses on Cromford Road runs into a swamp in a field adjoining the railway; once again the Hannage Brook derives the benefit.

In fact, there are two main sewers, one open and one closed.

The Hannage Brook being the only stream of any consequence in or around Wirksworth, it has a tremendous and very natural attraction for children, who constantly play in it and around it.

## **PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.**

After a period of comparative freedom from infectious disease, the town has suffered severely in this respect during the year under review. The figures of notifications for the past few years are:—1920—17; 1921—22; 1922—12; 1923—17; 1924—13; 1925—367. During the years pre-



ceding the last, notifications have been mainly scarlet fever, diphtheria, chickenpox, etc., no one disease predominating. During 1925 there were 326 cases of measles notified, the rest being in the main chickenpox.

It is a noteworthy fact that pandemics (or universal infections), such as this last measles visitation, appear to recur after a cycle of years, and in the meanwhile, though the disease is by no means absent, it does not obtain the universal hold that it does in the year of its ascendancy. Scarlet fever, smallpox, diphtheria, influenza, all have shown this peculiarity. What is the reason? We do not know. It is known that the microbes carrying these diseases vary considerably in virulence (vide the present smallpox epidemic), and it is probably along this line that the truth is to be sought. For instance, shortly before Christmas a chickenpox epidemic seemed imminent—many cases being notified; yet with almost dramatic suddenness the whole thing died away. Now chickenpox has the reputation of being about the most infectious of infectious diseases. What was the reason? It is true that the schools at this time were closing for the Christmas holidays, and though the two things corresponded in some degree, and though I hold strong views on school closure, I should hesitate to claim that this was the principal factor in this instance in bringing the infection to an end. I think it likely that the infection was of a low strain of virulence and possessing a low standard of infectivity, and a factor, such for example as the closing of schools, was sufficient to determine the issue. The resistance of the individual to the infection, as determined by his state of bodily health, is doubtless a factor, but I fancy it is but a small one so far as infectious diseases are concerned.

To return to the measles epidemic. The epidemic began in April and concluded (practically speaking) in September.

The schools were closed on June 18th, a total of 59 cases having then been notified. I prepared a special report on the epidemic for the Council, of which the following is a summary:—

1. Disease introduced from Derby.
2. A chart is given in the appendix at the end of this Report showing the number of new houses infected each week, and the effect thereon of the closure of the schools.



3. Disease complicated by a number of cases of German measles.
4. Out of 320 odd cases, two died and a few (number uncertain) contracted broncho pneumonia.
5. Precautions adopted apart from school closure.
  - (a) Parents warned of symptoms and characteristics of the disease.
  - (b) Houses disinfected at end of three weeks from the last outbreak.
6. Conclusions drawn.
  - (a) Measles should be a universally notifiable disease. Ignoring the complaint tends to spread the disease, not only in the area affected but also to other areas.
  - (b) Spreading of infection largely done during the second and third week after the onset of the disease, owing to the fact that the child is not properly isolated at this stage.
  - (c) All Isolation Hospitals should be able to admit at least a certain number of measles cases. There is a strong case for generally increased isolation accommodation.
  - (d) School closure if adopted, should, if it is to have a fair chance of success, be undertaken at the onset of the complaint. Its value as a preventive measure becomes progressively and rapidly less the longer it is delayed, until it becomes actually harmful, no check being possible on the mingling of healthy children and infected children.

At a later date I made the following recommendation to the Council :—

“That in the event of an outbreak of one of the more serious infectious diseases, all schools should close during the period in which a second crop of cases was due to occur—a matter of a few days. At the end of this period schools

would re-open, children infected having broken out with the disease at home. It would then be fairly simple to discover the children with whom the infected child had associated and exclude them from school."

The County Medical Officer, whose opinion was sought, was of the opinion that the plan which had already been tried, had little chance of success. No further steps have been taken. I still feel strongly that in a semi-rural area such as Wirksworth may fairly be described, some such scheme has a fair prospect of success depending on the thoroughness with which contacts were sought out and it would at the worst provide an additional check on the epidemic. I confess that I feel but little confidence in keeping the schools open and trying to check the complaint by excluding individual children, since the whole of the same class as the infected child must be considered close contacts, and it is by no means always the child who sits next to a case who contracts the disease. If the school has a central hall, then the whole school are close contacts; if the school has a playground, again the whole school are contacts. It is said that the children are brought in contact in the streets even if the schools are closed. Yes! But not to the same extent, and the chances of infection are very considerably less. I think the subject of the infectious diseases has not been sufficiently investigated. The causative in each case has not been discovered. The causative germ factors of an epidemic or pandemic are not sufficiently known. The changes that take place in the body and in the blood, and particularly those which take place prior to the onset of the disease, have not been sufficiently investigated. It is assumed that a child will almost necessarily have measles, whooping cough, scarlet fever, etc., much in the same way as it is assumed that a dog will have distemper. They are regarded as amongst the trivialities of life. It would, however, be interesting, and probably instructive, if we knew how often bodily weakness and diseases of after life were traceable to some such infection. How often, for instance, does diphtheria leave behind a weakness of the heart muscle, and how often does such a weakness remain unrecognised, becoming for this very reason the more permanent and the more dangerous?

Again, how much time is lost at schools through absenteeism from this cause, quite apart from school closure, and how much money annually does infectious



disease cost Local Authorities and others? Truly, one might paraphrase St. Paul and say: "And now abide health, wealth and education." Were it not that wealth has largely departed, and health is not by any means always present: one can, however, add without much fear of contradiction: "And the greatest of these is health."

I mentioned above changes in the blood previous to the onset of the illness. I believe it can be shown that such changes do occur during the incubation period—a reactive process of the body to the infection. In an appendix at the end of my Report I give a technical letter I have received from the Pathologist of the Clinical Research Association to whom I am indebted for my information on this point. Surely this is a matter which, if investigated, should reveal some definite means of proving infection before the onset of the disease, and thus enabling us to isolate cases before they showed the disease or became actively infectious. I started some small investigation of this myself, but unfortunately not until the close of the measles epidemic, and have not been able to obtain anything very conclusive or valuable in the way of results. The Schick and Dick Tests, in diphtheria and scarlet fever respectively, are, though not precisely similar to the above, somewhat on the same lines and have the same object in view, namely, the discovery of infection before onset of illness. These tests have not hitherto been undertaken in this area.

**Small Pox** has been rife in the county town, but has not appeared in this area during the period under review. Vaccinations are very few, and this despite notices posted as to its importance. The principal reason for this is, I think, apathy. The smallpox is of a mild type, with no after effects, and people won't be bothered to take much notice of it; but once the disease takes on a more serious turn, as it will sooner or later either in this epidemic or the next, and deaths begin to occur and the scars and ravages of the disease begin to be seen, there will, I think, be no lack of applicants for vaccination. I firmly believe that universal vaccination would stamp out smallpox, and though scientific knowledge and teaching may help, the best kind of propaganda on its behalf is personal experience.



**Tuberculosis.**

Age Periods.				New Cases.				Deaths.			
				Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
				M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...	—	—	...	—	—	...	—	1
1	...	...	...	1	—	...	—	—	...	—	—
5	...	...	...	—	1	...	—	—	...	—	—
10	...	...	...	—	1	...	—	—	...	—	—
15	...	...	...	—	1	...	—	—	...	—	—
20	...	...	...	—	—	...	—	—	...	—	—
25	...	...	...	1	1	...	—	—	1	1	—
35	...	...	...	—	1	...	—	—	...	—	—
45	...	...	...	—	—	...	—	—	...	—	—
55	...	...	...	—	—	...	—	—	...	—	—
65 and upwards	...	...	...	—	—	...	—	—	...	—	—
Totals	...	...	...	2	5	...	0	0	1	1	1

**Public Health (Prevention of Tuberculosis) Regulations, 1925.**

No notifications of Tuberculosis have been received in respect of those engaged in the Milk Trade and no action has been required.

**Public Health Act, 1925, Section 62.**

No action has been taken under this section during 1925.

The notification of Tuberculosis appears to be satisfactory.

Other Infectious Diseases notified (other than Tuberculosis) are shown in the following table.

Disease	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths.
Smallpox ...	0	0	0
Scarlet Fever ...	3	2	0
Diphtheria ...	0	0	0
Enteric Fever ...	0	0	0
Puerperal Fever ...	0	0	0
Pneumonia ...	11	0	4
Measles ...	326	0	2
Chickenpox ...	26	0	0
Ophthalmia			
Neonatorum ...	1	0	0

All houses where infectious disease is notified are disinfected by the Local Authority at the end of their infectious period.

During the past year, out of a total of 65 deaths, 10 were due to Cancer and Malignant Disease, that is 15.385 per cent.

During 1924 there were six such deaths out of a total of 61, equalling 9.83 per cent.

## ISOLATION HOSPITALS.

I wish to make a special note of a matter mentioned elsewhere in this Report, namely, that there is great need of considerably increased isolation facilities for infectious diseases. I believe that each town of any appreciable size should possess a house suitable for taking infectious cases; that such house should be ready equipped and in the charge of a caretaker or matron, with ability to summon other nursing help as required; and thirdly, that the powers of compulsory removal to isolated quarters should be increased.

## SCHOOLS MEDICAL INSPECTION, 1925.

No. of Children Enrolled	...	...	...	...	497
No. of Children Examined—					
Routine	...	...	...	...	181
Specials	...	...	...	...	41
No. of Notices Sent—					
Enlarged Tonsils and Adinoids	...	...			22
Defective Vision	...	...	...	...	23
Other Conditions	...	...	...	...	4

I would again call attention to the fact that it is desirable that in an area such as this where the M.O.H. and the School Medical Officer are two separate individuals, the former should have forwarded to him copies of all reports on the schools and children, and be kept in close touch with the work of the schools.

## HOUSING.

**General Housing Conditions.** There is much very poor and old property in the town. About 100 workmen's houses of the non-parlour type are required. Though very many houses contain more inhabitants than is strictly healthy, there have been no glaring instances of overcrowding.

## THE FIRE ENGINE.

The Fire Engine at present possessed by the town is quite out of date. Attention was called to this matter in my last Report, but conditions remain as before. I feel that the arrangements for dealing with an outbreak of fire are inadequate and open to considerable criticism. It is but fair, however, to state that in the actual town area, the water mains would be available and provide adequate pressure for the most part; the hose-piping supply also is good. On the other hand, fire practices should be more frequent, and each member of the brigade should possess a good knowledge as to the whereabouts of the water mains, etc.

## INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.** Cowsheds and dairies have been inspected during the year. In many instances structural conditions of the cowsheds leaves much to be desired. Dairies and apparatus for dealing with milk have generally been found satisfactory.

Orders with respect to defects found have been served on owners.

No action has been taken with regard to tuberculosis milk or cattle.

No licenses have been granted for the sale of milk under special designations.

No refusal or revocation of registration of retailers has been made during the year.

An interesting innovation was introduced at the Annual Horticultural Show, when prizes for the best milk were offered to surrounding farmers, the testing and judging being undertaken by officials of the County Council. Much of the real value of this competition was lost, however, owing to the fact that the samples of milk were in the main taken under the most favourable, howbeit somewhat unnatural conditions; in at least one instance, I understand, that the scene more closely resembled a surgeon's operating theatre than a cow barn.



(b) **Meat**, and places where meat is stored and sold, have been regularly inspected and found good and satisfactory.

(c) **Other Foods**. Conditions with regard to these have been regularly inspected and found good and satisfactory.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient servant,

E. D. BROSTER.

### SANITARY ADMINISTRATION.

Sanitary Inspector ... H. S. TEBBITT, Mem. Roy. San. Inst.

- (1) No. of Houses converted from Privy Middens to Water Closets during the year 1925 ... .. 14

No. of Privy Middens converted to Water Closets during the past five years :—

Year	...	1921	1922	1923	1924	1925
No.	...	17	16	9	12	14

- (2) Approximate Number of Houses at 31st December with :—

(a) Privy Middens	...	...	...	...	348
(b) Pail Closets	...	...	...	...	40
(c) Water Closets	...	...	...	...	744
(d) Slop Water Closets	...	...	...	...	4

- (3) Work of the Sanitary Inspector under Article 19 of the Sanitary Officers' Order, 1922 :—

				No. of Informal Notices served by Sanitary Inspector.	No. of Legal Notices served by Local Authority.	No. of Nuisances abated with or without Notice.
<b>Drainage—</b>						
No. Disconnection of Waste						
Pipe	...	...	...	5	—	5
Defective Waste Pipe,						
Traps, Inlet and Drains				48	20	23
Drains Obstructed	...	...		24	—	21

	No. of Informal Notices served by Sanitary Inspector.	No. of Legal Notices served by Local Authority.	No. of Nuisances abated with or without Notice.
<b>Closets and Ashpits—</b>			
Defective Privies, Pail Closets and Ashpits (not for conversion) ... ..	95	31	57
Conversion of Privies into Water Closets... ..	7	1	4
Conversion of Pail Closets into W.Cs. ... ..	—	—	—
Conversion of Privies into into Pail Closets ... ..	—	—	—
Defective Water Closets ...	6	—	6
Provision of Additional Water Closets... ..	—	—	—
Provision of Portable Ash- bins ... ..	27	—	27
Dirty Closets ... ..	2	—	2
<b>Other Defects—</b>			
Paving of Courts and Yards	6	—	3
Roofs, Eaves & Downspouts	28	—	18
Sinks ... ..	1	—	1
Insufficient Ventilation ...	7	2	6
Windows ... ..	7	—	6
Dampness ... ..	—	—	—
Water in Cellars... ..	—	—	—
Water Supply ... ..	6	2	2
Overcrowding ... ..	2	—	2
Foul Condition of Houses ...	2	—	2
Offensive Accumulations ...	4	—	4
Animals Improperly Kept... ..	2	—	2
Pigsties ... ..	—	—	—
Smoke Nuisances ... ..	—	—	—
Urinals ... ..	—	—	—
Nuisances not specified above ... ..	24	—	12
<b>Totals ... ..</b>	<b>303</b>	<b>56</b>	<b>203</b>

## (4) Inspections of places where Food is prepared:—

	Inspections Made.
(a) Dairies, Cowsheds and Milkshops ...	52
(b) Bakehouses ... ..	20
(c) Slaughter Houses ... ..	28
(d) Offensive Trades (Fish Frying Premises)	12

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Total ... 112

(5) Number and Condition of Slaughter Houses registered or Licensed :—

			1920	1925
Registered	...	...	4	4
Licensed	...	...	2	3

These premises were kept in a cleanly condition and were limewashed four times during the year in accordance with the Regulations.

No new Slaughter Houses were licensed during the year.

(6) Arrangements for Disinfection and Disinfestation and the Extent of their Use :—

After removal of a patient to hospital, or upon recovery from disease (if treatment is received at home) or after the death of the patient, the infected rooms are disinfected with Formalin Spray and Lamps, and the Clothing and Bedding are sent to Heage Isolation Hospital and subjected to steam disinfection.

Number of infected rooms disinfected in 1925.—334.

(7) Action taken with regard to Dairies, Cowsheds and Milkshops :—

Every Cowkeeper, Dairyman and Purveyor of Milk in the district registered and their premises and utensils they use in their trade are kept under observation.

The number on the Register is as follows :—

Retail Purveyors of Milk	...	...	...	...	29
Wholesale Traders and Producers	...	...	...	...	23
					—
Total	...	...	...	...	52
					—

(8) Action taken under the Sale of Foods and Drugs Acts, and the Milk and Cream Regulations :—

The Council is not a Local Authority under these Acts.

(9) Action taken with a view to Smoke Abatement :—

No cases were dealt with under this head during the year under review.



Report of Sanitary Inspector on Factories, Workshops  
and Bakehouses:—

The following is a summary of the Factories, Workshops and Bakehouses on the Register in your District.

These premises have been kept under close observation but very little complaint of their sanitary condition can be made, as the conveniences are generally well kept and sufficient. A few defects detailed hereunder were noted and remedied.

## SUMMARY.

## Factories—

[illegible]

## Workshops—

[illegible]

**Nuisances found in Factories, Workshops and Bakehouses,  
and Remedied—**

Insanitary Water Closets ... ..	—
Offensive Accumulations ... ..	—
Water Closets Defective ... ..	—
Insanitary Privy Closets ... ..	—
Defective Traps ... ..	2
Foul Condition of Premises ... ..	—
Gas Plant emitting Noxious Gases ... ..	1

H. S. TEBBITT, Mem.R.San.I.,

Sanitary Inspector.

**PUBLIC SCAVENGING.**

A scheme of Public Scavenging is in operation in the District for the cleansing of Earth Closets, Privies, Pail or Pan Closets, Ashpits, Ashbins, and Cesspools.

One night gang and two day gangs are regularly employed in this service. Ashbins and Pail Closets are cleansed weekly, and all other conveniences as required.

The Refuse is deposited on the Council's Tips at Gorsey Bank and Steeple Grange, which are under my constant supervision, and every effort is made to dispose of the refuse in an orderly manner.

**PUBLIC HEALTH STAFF.**

Medical Officer of Health—

E. D. BROSTER, B.A., M.R.C.S., L.R.C.P.

Part Time. Half Salary Contributed.

Sanitary Inspector—

H. S. TEBBITT, M.R.San.Inst. (Certificate),

Part Time. Half Salary Contributed.

Engineer and Surveyor and Water Engineer to the  
Council.

**HOUSING.**

Number of Houses erected during the year:—

(a) Total ... ..	10
(b) As part of a Municipal Housing Scheme ... ..	9

The above mentioned nine houses are subsidy houses assisted by the Council under the Housing Etc. Act, 1923.

## 1. Unfit Dwelling Houses.—Inspection :—

- |   |      |
|---|------|
| (1) Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts   | 255  |
| (2) Number of dwelling houses which were inspected and reported under the Housing (Inspection of District) Regulations, 1910                                      | Nil. |
| (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation                                      | 1    |
| (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respect reasonably fit for human habitation | 26   |

## 2. Remedy of Defects without service of Formal Notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officials	16
--	----

## 3. Action under Statutory Powers :—

## (A)—Proceedings under Sec. 28 of the Housing, Town Planning, Etc., Act, 1919.

- |   |      |
|---|------|
| (1) Number of dwelling houses in respect of which Notices were served requiring repairs   | 1    |
| (2) Number of dwelling houses which were rendered fit   |      |
| (a) By Owners   | 1    |
| (b) By Local Authority in default of Owners   | Nil. |
| (3) Number of dwelling houses in respect of which Closing Orders were made in pursuance of declarations by Owners of intention to close | Nil. |

## (B)—Proceedings under Public Health Acts :—

- |  |      |
|--|------|
| (1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied | 169  |
| (2) Number of dwelling houses in which defects were remedied   |      |
| (a) By Owners  | 128  |
| (b) By Local Authority in default of Owners  | Nil. |

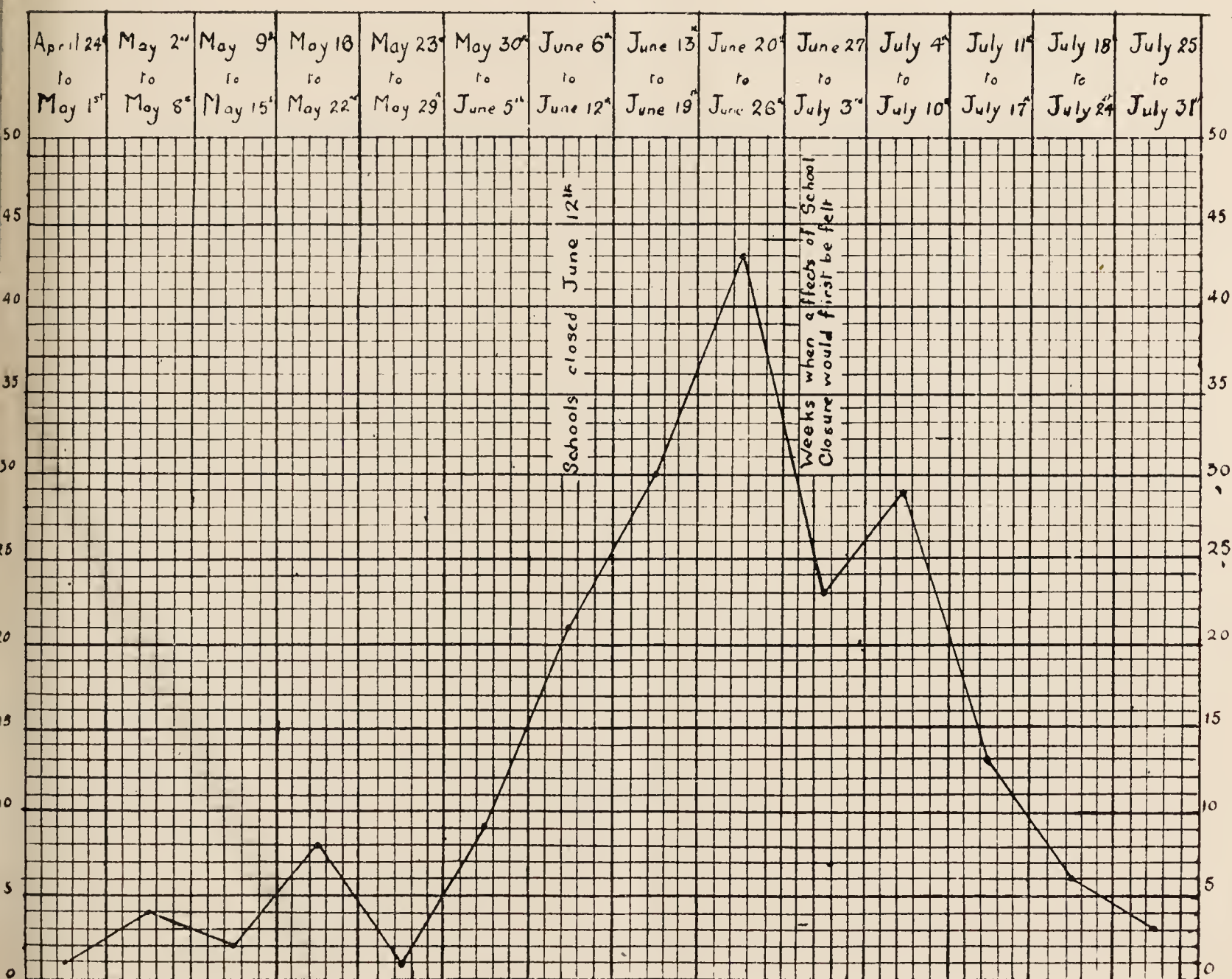


(C)—Proceedings under Section 17 and 18 of the  
Housing, Town Planning, Etc., Acts, 1909.

- (1) Number of representations made with a view  
to the making of Closing Orders ... Nil.
- (2) Number of dwelling houses in respect of  
which Closing Orders were made ... Nil.
- (3) Number of dwelling houses in respect of  
which Closing Orders were determined, the  
dwelling houses having been rendered fit ... Nil.
- (4) Number of dwelling houses in respect of  
which Demolition Orders were made ... Nil.
- (5) Number of dwelling houses demolished in  
pursuance of Demolition Orders ... Nil.

## APPENDIX I.

Chart showing incidence of Measles cases: in Terms  
of new houses infected each week.



## APPENDIX II.

Letter from the Clinical Research Association, Ltd., re the infection of Measles.

Dear Dr. Broster,

23/3/26.

re No. 9848.

It seems likely that during the long incubation period of measles there is a neutrophile leucocytosis. The result of this would be to produce eventually a certain degree of anæmia due to reduction of the number of red corpuscles; and also a final diminution of neutrophiles, and their replacement by lymphocytes, more especially in young persons. We have no proof that this is the actual course of events, but if so, it is also likely that in some cases the drama may not proceed to its last act, in which the clinical symptoms of measles make their appearance; and this omission may be evidence that the neutrophiles have actually succeeded in protecting the patient, though they have been decimated in doing it.

On general grounds it seems very probable that in an epidemic disease there should be many cases of actual infection not followed by the characteristic symptoms which indicate that the patient's system is no longer content to combat the infecting agent by so comparatively simple a process as the action of the neutrophile leucocytes.

Yours faithfully,

E. W. BOWELL,

Pathologist.



# APPENDIX III

## WATER SUPPLY DURING THE YEAR 1925.

1925.		Rainfall.			Yield of Springs in Gallons per Hour.				
Month.	1925.	1924.	Increase.	Decrease.	Town. 1925.	District. 1924.	Bolehill.		Total gallons per hour.
							1925.	1924.	Increase. Decrease.
January	...	3.22		.55	9302	15300	615	615	15915
February	...	1.79	4.92		14268	7134	615	615	7749
March	...	1.44	3.98		8956	5412	615	615	6027
April	...	3.13	.36		5412	4428	615	615	5043
May	...	4.90		1.59	4428	4920	615	615	5535
June	...	3.37		2.81	4428	8760	615	615	9375
July	...	5.77		3.33	3198	6642	492	492	7134
August	...	4.04	1.68		2952	4182	492	615	4797
September	...	4.10	2.21		3198	4428	615	615	5043
October	...	5.48		1.18	4059	7626	615	615	8241
November	...	2.55	.09		9856	9056	615	615	9671
December	...	4.07	1.05		4930	9548	615	492	10040
		48.69	14.29	9.46	Average hourly yield of Springs				Ave. Net Decrease per hour
		43.86			6843.42	7880.83			1037

H. S. TEBBITT, M.Inst., M.I.C.E.,  
Water Engineer and Surveyor.

